

PART VIII. UTILITY ASSISTANCE

To include with: **RENTAL, MORTGAGE, & UTILITY ASSISTANCE APPLICATION**

MARICOPA COUNTY HUMAN SERVICES DEPARTMENT

Please complete the following section, Part VIII. Utility Assistance, if you are seeking utility assistance for multiple utilities. Please turn in this form to your local CAP office with the rest of your completed MCHSD Rental, Mortgage, and Utility Assistance Application.

PART VIII. UTILITY ASSISTANCE Please complete for each utility seeking assistance for.					
Which utility are you seeking assistance for? Please check 1 option.					
□ Gas	☐ Water	☐ Electric	☐ Sewe	er	□ Trash
UTILITY STATUS Please check 1 option.					
☐ Currently Shut Off	☐ Notice of Del	nquency/Disconnect			
UTILITY COMPANY					
SEEKING ASSISTANCE WITH			☐ Utility Deposit		
If seeking assistance wit most recent bill?	MENT, what is the am	ount due for your	\$		
If seeking assistance with a UTILITY DEPOSIT, what is the amount due for you utility deposit?				\$	
MONTHS SEEKING ASSISTANCE Please check all that apply.					
☐ January ☐ February ☐ March ☐ April		☐ May ☐ June ☐ July ☐ August		☐ September ☐ October ☐ November ☐ December	
NAME LISTED ON UTILITY ACCOUNT			ACCOUNT NUMBER		
If seeking assistance with a UTILITY DEPOSIT, what is your MOVE-IN address?					
STREET 1					UNIT/APT/LOT
STREET 2					
CITY		STATE		ZIPCODE	